


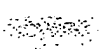
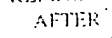




790

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMBER OF PREVIOUS PAID	
	Total (37 CFR 1.562)	20	Minus	20	4
Independent (37 CFR 1.562)	3	Minus	3		

FIRST PRESENTATION OF MULTIPLE DEFINITION

DATE	NOV 19 1964
9	
44	
150	
TOTAL	

18	
88	
330	
TOTAL	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHER NUMBER PREVIOUSLY PAID FOR	SELF- EMPLOYED
	Total (37 CFR 1.16(c))		Minus		
	Independent (37 CFR 1.16(b))		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

PATH	ADDITIONAL FEES
9	
44	
150	
TOTAL	

NAME	ADDRESS
18	
88	
300	
TOTAL	
ADDITIONAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHER NUMBER PRIOR CLAIM PARTIAL	DEPENDENT CLAIMS	
			DEPENDENT CLAIMS	INDEPENDENT CLAIMS
Total (3) CFR 1.16(b)	20	Minus	20	
Independent (3) CFR 1.16(b)	3	Minus	3	
NET PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL
18	
88	
300	
TOTAL	

Any comments on the amount of the fine: _____

Supplemental
AMOT

70-11-11

09/58977
paper 10F2

CLAIMS AS AMENDED

DATE: _____

FILE NO: _____

AMOUNT: _____

DATE: _____

FILE NO: _____

AMOUNT: _____

DATE: _____

FILE NO: _____

AMOUNT: _____

1-3-03

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.16(c))	20 20	20	Φ
Independent (37 CFR 1.16(b))	3 3	3	Φ
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

6-24-03

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.16(c))	20 19	20	Φ
Independent (37 CFR 1.16(b))	3 2	3	Φ
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

12-10-03

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.16(c))	20 19	20	Φ
Independent (37 CFR 1.16(b))	3 2	3	Φ
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 1.

* If the "Highest Number Previously Paid For" in this space is less than the "Highest Number Previously Paid For" in the space above, write "0" in column 1.

* If the "Highest Number Previously Paid For" in this space is less than the "Highest Number Previously Paid For" in the space above, write "0" in column 1.

Burden Hour Statement: The total number of hours spent on this claim is _____.

Any comments on the amount of the fee should be reported to the Patent Office, Washington, DC.